

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2009  
Secretary of State**

DOCUMENT# N06000006406

Entity Name: SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 20-5048317      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS, PHILIP H.  
461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

JACOBS, PHILIP H.  
461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ 01/29/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GALE, BRIAN  
Address: 432 OSCEOLA AVENUE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST      ( ) Delete  
Name: KELLEY, PATRICIA H  
Address: 432 OSCEOLA AVENUE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D      ( ) Delete  
Name: ROBINSON, DINAH K  
Address: 432 OSCEOLA AVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: CASTOR, FRANK  
Address: 824 ROYAL OAK CT  
City-St-Zip: DELAND, FL 32724

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN GALE      P      01/29/2009  
Electronic Signature of Signing Officer or Director      Date